

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	890050.450
	First Inventor	Adrian Wing Fai L
	Title	AN OPTICAL MODULE AND A METHOD OF FABRICATING THE SAME
	Express Mail Label No.	EV336594233US

APPLICATION ELEMENTS		ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<i>See MPEP chapter 600 concerning utility patent application contents.</i>			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
3. <input checked="" type="checkbox"/> Specification [Total Pages 51] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 33]	9. <input checked="" type="checkbox"/> ACCOMPANYING APPLICATION PARTS Assignment Papers (cover sheet & document(s))		
5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input checked="" type="checkbox"/> Claims priority from Japanese application No. 2002-367088 filed 12/18/02	13. <input type="checkbox"/> Preliminary Amendment		
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
	17. <input checked="" type="checkbox"/> Other: _____ <u>Check</u>		

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Prior application information Examiner _____ Group Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Name (Print/Type)	David V. Carls	Registration No. (Attorney/Agent)	31,153
Signature	December 15, 2003		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

22387 U.S.PTO
10/7/37271

121503

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
TOTAL AMOUNT OF PAYMENT	(\\$)	810

<i>Complete If Known</i>	
Application Number	
Filing Date	December 15, 2003
First Named Inventor	Adrian Wing Fai L
Examiner Name	
Art Unit	
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METHOD OF PAYMENT																																																																					
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																					
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The Director Is authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.																																																																					
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SUBMITTED BY		Registration No. Attorney/Agent	Customer Number
Name (Print/Type)	David V. Carlson		
Signature		Date	December 15, 2003

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